

Fill in this information to identify the case:

Debtor 1	ALTHEIA HUGGINS
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the: Case number	Northern 15-11839
District of (State)	MISSISSIPPI

## Official Form 410S2

### Notice of Postpetition Mortgage Fees, Expenses, and Charges 12/15

If the debtor's plan provides for payment of postpetition contractual installments on your claim secured by a security interest in the debtor's principal residence, you must use this form to give notice of any fees, expenses, and charges incurred after the bankruptcy filing that you assert are recoverable against the debtor or against the debtor's principal residence.

File this form as a supplement to your proof of claim. See Bankruptcy Rule 3002.1.

Name of creditor: Vanderbilt Mortgage and Finance, Inc. Court claim no. (if known): \_\_\_\_\_

Last 4 digits of any number you use to identify the debtor's account: 0 1 3 5

Does this notice supplement a prior notice of postpetition fees, expenses, and charges?

No

Yes. Date of the last notice: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

#### Part 1: Itemize Postpetition Fees, Expenses, and Charges

Itemize the fees, expenses, and charges incurred on the debtor's mortgage account after the petition was filed. Do not include any escrow account disbursements or any amounts previously itemized in a notice filed in this case or ruled on by the bankruptcy court.

Description	Dates Incurred	Amount
1. Late charges		(1) \$ _____
2. Non-sufficient funds (NSF) fees		(2) \$ _____
3. Attorney fees		(3) \$ _____
4. Filing fees and court costs		(4) \$ _____
5. Bankruptcy/Proof of claim fees		(5) \$ _____
6. Appraisal/Broker's price opinion fees		(6) \$ _____
7. Property inspection fees		(7) \$ _____
8. Tax advances (non-escrow)	01/30/2017	(8) \$ 1,159.00
9. Insurance advances (non-escrow)		(9) \$ _____
10. Property preservation expenses. Specify: _____		(10) \$ _____
11. Other. Specify: _____		(11) \$ _____
12. Other. Specify: _____		(12) \$ _____
13. Other. Specify: _____		(13) \$ _____
14. Other. Specify: _____		(14) \$ _____

The debtor or trustee may challenge whether the fees, expenses, and charges you listed are required to be paid. See 11 U.S.C. § 1322(b)(5) and Bankruptcy Rule 3002.1.

Debtor 1

ALTHEIA HUGGINS

First Name Middle Name Last Name

Case number (if known) 15-11839

**Part 2: Sign Here**

The person completing this Notice must sign it. Sign and print your name and your title, if any, and state your address and telephone number.

Check the appropriate box.

I am the creditor.  
 I am the creditor's authorized agent.

I declare under penalty of perjury that the information provided in this claim is true and correct to the best of my knowledge, information, and reasonable belief.

  
Signature

Date 02 / 03 , 2017

Print: Ryan Dick Morris  
First Name Middle Name Last Name

Title Bankruptcy Specialist

Company Vanderbilt Mortgage and Finance, Inc.

Address 500 Alcoa Trail  
Number Maryville Street  
City TN ZIP Code  
State 37804

Contact phone ( 865 ) 380 - 3000

Email [Ryan.Morris@VMF.COM](mailto:Ryan.Morris@VMF.COM)

// CLO

RENEWAL

453



American AMERICAN FAMILY HOME INSURANCE COMPANY  
MODERN

Insured Name:  
ALTHEIA HUGGINS  
Date Prepared: January 20, 2017  
POLICY NUMBER:

AGENT 052091:  
HARDIN COUNTY BANK INS AGCY INC  
PO BOX 1507  
SAVANNAH TN 38372

Policy Renewal Date:  
FEB 27, 2017 to FEB 27, 2018

VANDERBILT MORTGAGE  
P O BOX 9800  
MARYVILLE TN 37802

Dear Business Partner,

You are listed as the Lienholder of record on the enclosed MANUFACTURED HOME insurance policy. The premium for this policy is \$1,159.00. Our mutual customer has asked that we forward the premium notice to you for payment. Please use the payment coupon and envelope provided to send payment by February 27, 2017.

Very truly yours,

President



When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic funds transfer from your account or to process the payment as a check transaction.

\*\* Payments can be made by check or credit card at emig.com, by mail, or by calling our automated system at 1-800-543-2644.\*\*

Policyholder:

ALTHEIA HUGGINS  
489 LITTLE SNOW CREEK RD  
HOLLY SPRINGS MS 38635-6232

Policy Number:

Payment Due Date:	02/27/2017
Minimum Amount Due (including charges):	\$1,159.00
OR	
To Pay in Full:	\$1,159.00

Please indicate any address/phone number changes below:

Named Insured Mailing Address       Risk Location

New Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

E-Mail: \_\_\_\_\_

Please make checks payable to:

AMERICAN FAMILY HOME INSURANCE COMPANY

Visa  Mastercard  American Express  Discover

Card Number: \_\_\_\_\_

Exp. Date (MM/YY): \_\_\_\_\_ / \_\_\_\_\_

Amount to be Charged: \$ \_\_\_\_\_

Signature: \_\_\_\_\_

07000460644541 001159007 001159007 6644970227



RENEWAL  
AMERICAN FAMILY HOME INSURANCE COMPANY  
MANUFACTURED HOMEOWNER'S POLICY DECLARATIONS

DECLARATION PAGE

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POLICY NUMBER:

NAMED INSURED:

ALTHEIA HUGGINS  
489 LITTLE SNOW CREEK RD  
HOLLY SPRINGS MS 38635-6232

AGENT 052091:

HARDIN COUNTY BANK INS AGCY INC  
PO BOX 1507  
SAVANNAH TN 38372  
PHONE: (731)926-1200

MAIL TO:

VANDERBILT MORTGAGE  
P O BOX 9800  
MARYVILLE TN 37802

BROKER :  
NONE

INSURED PROPERTY:

489 LITTLE SNOW CREEK RD  
HOLLY SPRINGS MS 38635-6232

POLICY PERIOD:

FROM: FEB 27, 2017 TO: FEB 27, 2018  
12:01 A.M. STANDARD TIME  
AT INSURED PROPERTY ADDRESS

LIENHOLDER 1:  
VANDERBILT MORTGAGE  
P O BOX 9800  
MARYVILLE TN 37802

UNIT	USE	MAKE	SERIAL NUMBER	LENGTH	WIDTH	YEAR
1	RESIDENTIAL	CLAYTON/RIVERVIE	CLS106018TN	80	16	2007

THIS POLICY PROVIDES ONLY THE FOLLOWING COVERAGES FOR THIS UNIT:

SECTION	ITEM	COVERAGE	LIMIT	PREMIUM
1	DWELLING	COMPREHENSIVE-REPLACEMENT COST*	\$42,000	\$837.00
1	DWELLING	ADDITIONAL LIVING EXPENSE	SEE FORM	
1	SECTION 1	COMBINED SECTION 1 MOLD LIMIT	\$3,500	
1	PERS PROP	PERSONAL PROPERTY	\$21,000	\$210.00
2	PERS LIAB	PERSONAL LIABILITY - PER OCC.	\$50,000	\$35.00
2	PERS LIAB	MEDICAL PAYMENTS - PER PERSON	\$500	
2	PERS LIAB	MEDICAL PAYMENTS - PER ACCIDENT	\$25,000	
2	PERS LIAB	DAMAGE TO PROPERTY OF OTHERS	\$500	
2	PERS LIAB	ANIMAL LIABILITY	\$10,000	
2	PERS LIAB	MOLD COVERAGE \$25,000 - INCLUDED		
2	PERS LIAB	HOME DAY CARE EXCLUSION	SEE FORM	
1	DEDUCTIBLE	ALL OTHER PERILS	\$250	\$25.00
1	DWELLING	FLOOD - ALL NFIP ZONES COVERED	SEE FORM	\$25.00
1	DWELLING	EARTHQUAKE	SEE FORM	\$27.00
1	DEDUCTIBLE	EARTHQUAKE	SEE FORM	
	DISCOUNT	20% CLAIM FREE DISCOUNT APPLIED		

MINIMUM WRITTEN AND/OR EARNED MAY APPLY      TOTAL PREMIUM      \$1,159.00

\*SUBJECT TO CERTAIN LIMITATIONS AND EXCLUSIONS.

(CONTINUED ON REVERSE SIDE)

ENDORSEMENT FORMS APPLICABLE TO THIS POLICY

M7000	04/13; IN150	06/12; IN265	08/13; MHN34	04/04; MHN60	04/04;
71975	10/06; 73386	01/04; M7300	01/04; M7523	05/05; M7A23	11/08;
M7DRO	08/09; M7M23	06/08; M7T00	05/04; MHF00	06/06; MHN97	11/13;

**INSURED NAME:** ALTHEIA HUGGINS

**POLICY NUMBER:**

**IF YOU CANCEL THIS POLICY EARLY, A MINIMUM EARNED PREMIUM OF \$50 MAY APPLY.**

**"IMPORTANT NOTICE: THIS INSURANCE POLICY CONTAINS A LIMITATION OF COVERAGE FOR LOSS CAUSED BY MOLD. IT ONLY PROVIDES \$3,500 OF SECTION 1 MOLD AND REMEDIATION COVERAGE. IF YOU BOUGHT SECTION 2 LIABILITY INSURANCE, IT ONLY PROVIDES \$25,000 MOLD AND REMEDIATION COVERAGE UNLESS YOU INCREASED THIS LIMIT. IF YOU WANT TO INCREASE THESE LIMITS YOU MUST CONTACT YOUR AGENT. PLEASE READ THE POLICY CAREFULLY TO MAKE SURE IT MEETS YOUR NEEDS."**

**\*REPLACEMENT COST LOSS SETTLEMENT SUBJECT TO THE DWELLING LIMIT.**

**ADDITIONAL INSURED:  
NONE**

**LIENHOLDER 2:  
NONE**

**PLEASE REVIEW THE INFORMATION CONTAINED IN THIS POLICY  
IF ANY INFORMATION IS INCORRECT, PLEASE CONTACT CUSTOMER SERVICE:**

**AMERICAN FAMILY HOME INSURANCE COMPANY  
(800) 543-2644**

**CLAIMS TELEPHONE NUMBER: 1-800-543-2644  
HOURS: 8:00 A.M. - 7:00 P.M. EST/EDT**

**AMERICAN MODERN INSURANCE GROUP  
P.O. BOX 5323  
CINCINNATI, OHIO 45201-5323**



## CERTIFICATE OF SERVICE

February 3, 2017

I, Ryan Morris, of Vanderbilt Mortgage and Finance, Inc., do hereby certify that I have this date provided a copy of the foregoing Notice of Postpetition Mortgage Fees, Expenses and Charges either by electronic case filing or by United States mail postage pre-paid to the following:

ALTHEIA HUGGINS  
489 LITTLE SNOW CREEK RD  
HOLLY SPRINGS, MS 38635 -6232,  
Debtor

KAREN B SCHNELLER  
Attorney for the Debtor  
Notified by Electronic Case Filing

LOCKE D BARKLEY  
Chapter 13 Trustee  
Notified by Electronic Case Filing

/s/Ryan Morris



Vanderbilt Mortgage and Finance, Inc.  
PO Box 9800, Maryville, TN 37802 • 500 Alcoa Trail, Maryville, TN 37804 • www.vmf.com  
Phone: 865.380.3000 • Fax: 865.380.3750 • Toll Free: 800.970.7250 • Federal Tax ID#: 62-0997810

